



Return completed form to:
NC Dept of Transportation
Contractual Services Unit
1509 Mail Service Center
Raleigh, NC 27699-1509
Or
fax to (919) 715-7378

North Carolina Unified Certification Program
INFORMATION CHANGE REQUEST

This form is used to update information that is contained in the source database and displayed on the Contractor Directory. The firm's owner must approve all changes.

1.	Name of Firm		
2.	Contact Information (Please include area codes)	Business Phone: _____ Home Phone: _____ Fax Number: _____ Cell Phone: _____ Pager: _____ Email: _____	
		CURRENT INFORMATION	CHANGE TO:
3.	Contact Name		
4.	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
5.	Federal Tax ID (or SSN)		
6.	Mailing Address of Firm		
7.	Street Address (if different from above)		
8.	NCDOT Work Codes	_____ _____ _____ _____	_____ _____ _____ _____
9.	NAICS Codes	_____ _____ _____ _____	_____ _____ _____ _____

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of majority owner _____ Date (mm/dd/yy) _____